Local Health Department Responses to Intentional Mass Casualties

All-Hazards/Active Shooter Community Preparedness

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Broward County Overview

- According to the U.S. Census Bureau, Broward County has a total area of 1,323 square miles, of which 1,210 square miles is land and 113 square miles (8.5%) is water. The urban area is bordered by the Atlantic Ocean to the east and the Everglades National Park to the west.

- Broward County has an estimated population of 1,909,632 residents, as reported by the 2017 U.S. Census estimates. Broward County is the second largest county in Florida and the eighteenth largest county in the nation.

Family Assistance Centers/
Family Reunification Centers
for Active Shooter
and All-Hazards

Active Shooter at Fort Lauderdale International Airport
Bus Accident on I-595

Where's Waldo?

Additional Community Preparedness Activities
Community Active Shooter Preparedness

DOH-Broward Active Shooter Preparations

The kits contain the following items:

(1) Disposable Go Stretcher, 500 lb load capacity, 36” x 71”
(5) Chinook LIFE™ Kit Advanced (each contains):
(1) Emergency/Survival Blanket
(4) Nitrile Gloves, LG, Blue
(1) SWAT-T Tourniquet, Rescue Orange
(1) Compressed Gauze
(1) Bolin Chest Seal
(1) Trauma Bandage, 4”
(1) Surgical Tape, 1” x 1.5 yd

Pulse Shooting:
Mass Casualty Response from DOH Orange

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Orange County and Orlando Florida

- 1.3M people (60% of Florida’s Population)
- Largest City is Orlando

Florida Department of Health

- 67 Counties
- 60 local Health Departments
- Integrated Healthcare System
- PHAB Accredited

Major Players

- City of Orlando
- ESF8
- Lynx Bus Systems
- Orlando Regional Medical Center
- Orange County Disaster Response
- Department of Homeland Security
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Pulse Shooting

- July 12, 2016 at 2:00am
- 29 year old Omar Mateen
- Killed 49 and wounded 53
- One of Florida’s most vibrant centers for (LGBTQ) social life in Orlando
- Most of the victims were Hispanic
- Killer swore allegiance to Islamic State of Iraq and Levant (ISIL)

1 October – The Public Health Response

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Chief Health Officer
Southern Nevada Health District

About Nevada and Clark County

Demographics
- 2.2 M: 73% of Nevada’s Population
- Clark County Includes 6 Cities: Las Vegas, Henderson, North Las Vegas, Mesquite, Boulder City, Laughlin.
- 26 Tribes in NV: 2 Tribes in Clark County, Moapa Band of Paiutes and Las Vegas Paiute Tribe
- 17 Counties in Nevada: 3 Urban, 14 Rural and Frontier
- SNHD is 1 of 3 Local Health Authorities and the State of Nevada serving rural areas
- 18 Large, Acute Care Hospitals in Las Vegas (6 Systems, 3 Trauma Hospitals)

County Special Events
- 2017: 184 Special Events with a daily census ranging from 500 (UNLV event) to 320,000 (New Year’s Eve).
- 48 M Visitors annually, tourism is base of Las Vegas Economy
- Population surges on weekends, majority of visitors drive into city.
- Exercise, Exercise, Exercise! Include real event planning and community exercises with realistic threat scenarios.
  - Resort Property Partners
  - Convention Authority Special Event Planning
  - Southern Nevada Healthcare Preparedness Coalition opportunities to participate
Nevada

- Distance to Reno 440 miles
- To Phoenix 300 miles
- To LA 270 miles

Acronyms

- FAC—Family Assistance Center
- UMC—University Medical Center
- MACC—Multi-Agency Coordinating Center
- MSAC—Medical Surge Area Command
- MRC—Medical Reserve Corps
- LVMPD—Las Vegas Metro Police Department

Event: Route 91 Harvest Music Festival on LV Strip

- 22,000+ daily event census—only 2000 were local
- 17.5 acre open-air site
- Combination of celebrity musicians, visitors, local residents, vendors
- High attendee ratio of off-duty police, firefighters, doctors, nurses, and veterans.
- On-site Emergency Medical Service provider tent and armed security
- Active Shooter
- Mandalay Bay Hotel, on the 32nd floor, shooting down and across the street into the Las Vegas Village Festival venue
Mandalay Bay Resort

- Shooter broke out two windows from a suite on the 32nd floor and began shooting more than 1,100 rounds into the crowd below.
- From approximately 22:05 to 22:16 hours, the shooter left 58 dead with over 800 injured before killing himself.

Mandalay Bay and Festival Sites

1 October – The Immediate Response

- Sunday at 10:30 p.m. Public Health Preparedness Manager receives notification from County Emergency Management of a Mass Casualty Event at the Route 91 Harvest Music Festival.
- Manager immediately informs CHO, activates Health District staff on CHO order, and reports to the Multi-Agency Coordination Center (MACC).
- Health District personnel are tasked with staffing the health and medical operations desk and Medical Surge Area Command (MSAC).
1 October – The Immediate Response

- Health District staff notify Southern Nevada Healthcare Preparedness Coalition member agencies to report to the MSAC.
  - Notification to area hospitals (via EM Resource) of event to prepare for surge and to provide bed availability numbers.
- Staff priorities include patient tracking and identification of the deceased at area hospitals.
- Patients rushed to area hospitals by any vehicle available. Many were transferred to other facilities. Therefore, tracking was the single most challenging aspect of our response.
- The Health District’s support role includes coordinating immediate medical surge needs of health care providers and EMS transports.

### Closest Hospitals Receive Most of Injured

**Desert Springs Hospital**
- 293 bed acute care hospital
- No pediatric services
- No trauma designation
- ~4300 visits/month
- Unarmed contract security service; 2 officers on-duty
- Part of the Valley Health System, 6 hospitals in the valley
- 40 bed emergency department

**Sunrise Hospital**
- 692 bed, adult and children’s hospital
- Level II Trauma Center
- Regional Center for tertiary care
- ~14,000 visits/month
- Armed security force
- Part of the Sunrise Health System, 3 hospitals in the valley
- 60 bed emergency department

### First-Receiver Hospital Description

**University Medical Center**
- 541 bed acute care hospital
- Adult and pediatric ED services
- Regional Burn Center
- Level I Trauma Center, Adult and Level II Pediatric Care
- ~13,000 visits/year
- Armed, inhouse security service; 8-10 officers on-duty, 3 shifts
- County-operated facility
- 45 bed emergency department
1 October – Health District Operations

- Health District staffed the emergency operations center for five days
  - Working in 12-hour operational shifts to provide MACC and MSAC support for the activities of Clark County (including the Coroner and Office of Emergency Management), LVMPD, and EMS operations
- Additional Operational Activities
  - Assisting in establishing and serving at the original Family Assistance Center at the Las Vegas Convention Center
  - Identifying additional behavioral health provider resources to meet needs into the sustained recovery period

October 1 – Activities of Note

- Monday, October 2 – Governor Sandoval declares a State of Emergency as well as a Public Health and Medical Emergency
  - Allows the state to request licensed medical professionals from other states if needed and waives requirement to be licensed in the state to practice
- EMS Response – Approximately 180 medical transports were completed during this event. Our first responders did what they were trained to do, what we exercise to do. They did it well. We have learned from this and other incidents that most patients do arrive by private transport. We are planning for this moving forward.
First 12 hours of Response: 10pm-10am

Law Enforcement, EMS, Emergency Management (ERFs)
- Incident Action and Support Plans
- Immediate Law Enforcement Response
  - Identify and neutralize threat
  - Force Protection for EMS
- All-Call ESF Notification from EM to report to MACC/MSAC
- EMS and Law Enforcement to MCI Staging Areas, Triage area near venue
- Over 1200 EMS transports to area hospitals
- Personal Vehicle, RTC, Taxi, Uber/Lyft transport to hospitals
- Patient Tracking is essential to every phase of response and transition into recovery
- 12 hour operational periods; 24h for 10 days

Hospital
- The majority of patients used their smart phones to locate the nearest hospital. Used alternative transports
- UMC is approximately 6.8 miles from the Mandalay Bay
  - Level I Trauma Center
- Sunrise Hospital is approximately 6.6 miles from the Mandalay Bay.
  - Level II Trauma Center
- Desert Springs Hospital is approximately 4.5 miles from the Mandalay Bay.
  - No Trauma Designation
  - Resume normal operations by 9 am on October 2

October 1 – Activities of Note

- Vital Records - The Health District worked directly with the coroner’s office and mortuaries to ensure families had the necessary burial permits and death certificates so their loved ones could be returned home as soon as possible. We set up a satellite office at the FAC.
- MACC Helpline – The Health District’s Medical Reserve Corps supported this activity.
- JIC – The County established a Joint Information Center at the MACC to ensure that a consistent message was provided to the media. Behavioral health resources were distributed as part of this messaging and continue to be available on the Health District, the County, and various other agency websites.
Desert Springs Hospital’s Immediate Challenges

Challenge 1: Hospital Safety
- Hospital placed on lockdown at 22:33 due to “shooter on the strip.”
- Patients, friends, and family continued to flood into the waiting room and found other entrances seeking care.
- No official information regarding the event was available.
- Many patients were carried in and placed on the waiting room floor.

Challenge 2: Medical Surge
- First arriving patients were placed in beds that later arriving, more critical patients required.
- Difficulty determining which patients had been seen and which were waiting for physician evaluation.
- Difficulty locating patients for diagnostic studies, medications, treatments, etc.

1 October Hospital Summary Statistics

Desert Springs
- 103 Patients
- 20 Admissions
- 3 Surgeries
- 18 Transfers 65 Treated and released first 24 hours
- 4 DOA

Sunrise
- 212 patients
- 64 admissions
- 83 Surgeries
- 148 Treated and released
- 16 DOA

1 October Hospital Summary Statistics

UMC
- 104 Patients
- 60 Admissions
- 20 Surgeries
- 44 Treated and released
- 3 DOA

Other (hospitals, urgent, private)
- 618 patients
- 30 admissions
- 151 Treated and released
- 4 DOA
Pearls and Pitfalls: ESF 8-Health and Medical Perspective—Best Practices

- Healthcare System response and healthcare coalition support was no notice test (night and weekend)
- Community can manage surge beyond exercise estimates
- #VegasStrong Community and Business Support of FAC: LVAC, Victims of Crime and Vegas Strong Resiliency Center critical
- Technical Support from other jurisdictions (NYC, FL, other cities) needed for response and early recovery
- Alternative activities to provide behavioral support; Credentialing
- Use of local based federal resources: FBI and VA Mobile Behavioral Health

Pearls and Pitfalls: Emergency Support Function 8-Health and Medical Perspective—Improvement Planning

- Incorporate “Alternative Transportation” into planning and information sharing
- EMS vs Emergency Department triage training for staff
- Paper vs Electronic Health Records during Medical Surge event
- Donations: Material Management/partners
- Multi-state behavioral health coordination; Mutual-Aid Recovery Surge support for increasing incidents nationwide?
- More HIPAA and PHI discussion necessary before next incident; training for staff needed
- Good Samaritan planning: BBP and Vehicles
- Continue to change perceptions/stigma of responders seeking behavioral health support, HR retention programs to keep staff

Pearls and Pitfalls—Hospital Perspective

**Best Practices**
- ED expansion planning to manage mass surge.
- Medical supplies from area hospitals
- Elevate gurney prior to arrival of MCI patients
- Patient tracking for John and Jane Does: tracking
- Day and Time of MCI provided baseline for healthcare system preparedness and response

**Improvement Planning**
- Incorporate “Alternative Transportation” into planning and information sharing
- EMS vs Emergency Department triage training for staff
- Paper vs Electronic Health Records during Medical Surge event
- Donations: Material Management
- Multi-state behavioral health coordination; mutual-aid recovery surge support beyond state lines
- Greater information sharing needed
Local Health Department Responses to Intentional Mass Casualties

Be Prepared! Build a plan, make a kit, stay informed—Even applies to first responders and receivers considering community special events

- Building a Plan: New Year’s Eve preparedness planning begins a year in advance
- Make a Kit: Clark County Office of Emergency Management’s Multi-Agency Coordination Center: Agencies assigned to Emergency Support Functions identified by various county response plans.
  - ESF-8, Health and Medical Services (Southern Nevada Health District)
    - EMS/Fire Department Coordination
    - Resources: Medical Surge Area Command staffed through liaisons from Southern Nevada Healthcare Preparedness Coalition
      - Mobile Support Unit as defined by Nevada Revised Statutes Chapter 414.037
      - Exercise objectives included each year to mitigate identified gaps
    - Resource Management and coordination is primary role of MSAC
    - Bi-directional Information sharing with healthcare system is also important

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Be Prepared! Build a plan, make a kit, stay informed—Even applies to first responders and receivers considering community special events

- Stay Informed! Unified Command: Communication with Law Enforcement and Emergency Operation Centers Coordination, Information Sharing
- “All Call” Notifications
  - Casualty Collection Points/Staging and Medical Tents to minimize local surge
  - Pre-designated hospitals to receive EMS traffic from Las Vegas Strip
  - Medical Transportation Routes
  - MCI plans

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Why is Patient and Decedent Tracking so important to response and recovery operations?

- Goal is to level-load less critical patients across Las Vegas Valley
- Personal Vehicles, Uber/Lyft, Taxi, Law Enforcement vehicles surge closest hospitals to event
- EMS/Fire onsite triage need to track patients and assess ability of facilities to take “Red, Yellow and Green” patients
- Provides assessment of severity and scope of MCI, project resource needs that will run out.
- Joint Information Center-Media Info sharing
- Patient discharges and Transfers, duplications and John Does....
- Victims of Crime Act (VOCA) & Compensation, recovery support

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Why is Patient and Decedent Tracking so important to response and recovery operations?

Family Reunification Center (0-2 hours) - Safe location UNLV
- Move those that fled venue to resorts to safe location away from area
- Reconnect people separated at event
- Law Enforcement needs to identify potential witnesses for investigation

Family Assistance Center - LV Convention Center (Day 2-10 days)
- Family support services, behavioral health and grief professionals, family support services
- Coroner/Medical Examiner need to identify decedents, next of kin and meet with families
- Law Enforcement Missing Person reports
- Family directed to correct hospitals of injured
- Donated materials management

Vegas Strong Resiliency Center (Day 10 to Present)

Vegas Strong Resiliency Center

The Vegas Strong Resiliency Center is a place of healing and support dedicated to serving as a resource and referral center for residents, visitors and responders affected by the shooting at the Route 91 Harvest Festival. The Center is staffed by knowledgeable and caring professionals to help people access resources and help them build strength and resiliency in the aftermath of this incident.

https://vegasstrongrc.org/
- Physical location put together in 2 Days

Centralized resource and referral hub for anyone who was affected by the 1 October event
- Victims/Survivors/Families
- Bystanders/taxis/Uber/Lyft who assisted victims
- Vendors/hotel workers
- Responders

Established for 3-year period
- Not open to the public
Vegas Strong Resiliency Center

- **Assistance to First Responders**
  - Traditional and alternative approaches to meet unique needs
- **Counseling and spiritual care referrals**
- **Victim advocacy and support**
- **Help survivors access resources to help build strength and resiliency**
  - Legal assistance
  - Technical assistance to online resources

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Recovery Process

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Ongoing Efforts and Next Steps

**The Unknown**

- Management of Social Media and Peer Support groups
- Establish Virtual Resiliency Center
- Continued resources and support services for first responders
- Non-profit coordination and donations
- Marketing and outreach to victims
- Create positions to support recovery efforts
- Proactive outreach to all those impacted
- Ongoing follow up and assistance and outreach for next 3 years
- Ongoing crossover with established victims funds, challenge in keeping funds separate from resiliency efforts
Areas for Improvement

- Call center capacity
- Multi-operational periods
- Patient tracking
  - Early tracking or notifications to families
  - Media reports
  - Contact for proper services
- Joint Information Center
- Early messaging
- FAC services and social media presence
- Prebuilt call center and web presence
- Pre-identified resiliency center

Vegas Strong Resiliency Center

The Health District continues to support recovery activities of the Clark County Coroner and the Vegas Strong Resiliency Center. The center is maintaining services to victims families as well as providing for the behavioral health needs of responders that were impacted by the events of 1 October.